

#2124
TW

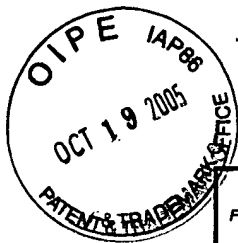
PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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| | | | |
|-----------------------------------------------------------------------------------------|----|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/044611 |
| | | Filing Date | January 11, 2002 |
| | | First Named Inventor | Pamela Szabo |
| | | Art Unit | 2124 |
| | | Examiner Name | J. Q. Chavis |
| Total Number of Pages in This Submission | 20 | Attorney Docket Number | 54357-00003USPT |

| ENCLOSURES (Check all that apply) | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Certificate of Mailing |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Return Request Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | Check in the amount of \$135.00 |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|-------------------------------------------------|----------|--------|
| Firm Name | JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION | | |
| Signature | | | |
| Printed name | Daniel G. Nguyen | | |
| Date | October 17, 2005 | Reg. No. | 42,933 |



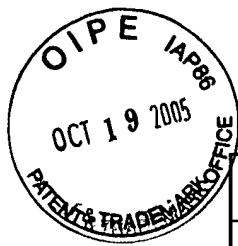
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| | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/044611 |
| | | Filing Date | January 11, 2002 |
| | | First Named Inventor | Pamela Szabo |
| | | Examiner Name | J. Q. Chavis |
| | | Art Unit | 2124 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 54357-00003USPT |
| TOTAL AMOUNT OF PAYMENT | (\$) 135.00 | | |

| | |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: <u>10-0447</u> Deposit Account Name: <u>Jenkins & Gilchrist, a Professional Corporation</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------------------------|----------------------|--------------------------------------|-----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | <u>Small Entity</u> | |
| | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| <u>Total Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | |
| 48 | | - 45 = 3 | x 25.00 = | 75.00 | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | |
| <u>Indep. Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| 4 | | - 4 = | x | = | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ | - 100 = _____ | /50 _____ | (round up to a whole number) x _____ | = | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | <u>Fees Paid (\$)</u> | |
| Other (e.g., late filing surcharge): <u>2251 Extension for response within first month</u> | | | | | | 60.00 | |

| | | | |
|---------------------|-------------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | <u>Daniel G. Nguyen</u> | Registration No. (Attorney/Agent) | 42,933 |
| Name (Print/Type) | Daniel G. Nguyen | Telephone | (713) 951-3354 |
| | | Date | October 17, 2005 |

**AMENDMENT TRANSMITTAL LETTER**Docket No.
54357-00003USPTApplication No.
10/044611Filing Date
January 11, 2002Examiner
J. Q. ChavisArt Unit
2124

Applicant(s): Pamela Szabo et al.

Invention: INTEGRATION INTEGRITY MANAGER

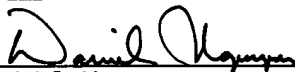
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|---------|---------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 48 | - 25 = | 3 | x 25.00 | 75.00 |
| Independent Claims | 4 | - 4 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 60.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 135.00 |

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 135.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 10-0447
as described below. (54357-00003USPT-D. Nguyen)☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Daniel G. Nguyen
Attorney Reg. No.: 42,933

Dated: October 17, 2005

JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION
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Application No. (if known): 10/044611

Attorney Docket No.: 54357-00003USPT

Certificate of Mailing under 37 CFR 1.8

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Gwen J. Landry-Witt

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(713) 286-2041
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Transmittal Form (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Non-Final Office Action (15 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Check in the amount of \$135.00
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